Benefit Summary

Atlantic Dialysis PPO

Professional Services	PPO in-network benefits	PPO out-network benefits
Deductible Individual Family	N/A	 $300 $600
Coinsurance	100%	70%-$10,000
Out-of-pocket Individual Family	N/A	 $3,000 $6,000
Annual Maximum Benefit	Unlimited	Unlimited
PCP Office Visits	$15 copay per visit	Deductible & Coinsurance
Specialist Office Visits	$15 copay per visit	Deductible & Coinsurance
Diagnostic Service x-rays, lab tests and EKG's	Included in the PCP office visit copay	Deductible & Coinsurance
Inpatient Hospital Services*	**Participating Provider**	**Non-Participating**
Semi-private room	100%	Deductible & Coinsurance
Hospital and Physician Services Operating and Recovery Room Intensive & Special Care Units General Nursing Care Prescribed Drugs Anesthesia X-rays & Lab Tests	100%	Deductible & Coinsurance
Short-term Speech, Physical, Cardiac, Occupational & Respiratory Therapy (when part of an acute admission)	(Short term only) 100%	Deductible & Coinsurance
Speech, Physical, Occupational & Respiratory therapy (when part of a rehabilitation admission)	90 days per calendar year 100%	Deductible & Coinsurance
Radiation Therapy & Chemotherapy	100%	Deductible & Coinsurance
Pre-admission Testing	100%	Deductible & Coinsurance
Human Organ Transplants	100%	Deductible & Coinsurance
Outpatient Facility Services	**Participating Provider**	**Non-Participating**
Emergency Room Co-pay	$50 copay per visit (waived if admitted)	$50 copay per visit (waived if admitted)
Ambulatory surgery*	100%	Deductible & Coinsurance
Diagnostic & Therapeutic Services including MRIs MRA's PET and CAT scans- Outpatient Hospital Facility services	100%	Deductible & Coinsurance Deductible & Coinsurance
Renal Dialysis	$20 copay per visit	Deductible & Coinsurance

Outpatient Medical Care	Participating Provider	Non-Participating
Preventive Care Physical Exams, ear exams, eye exams, Health education & counseling, Pap Smear, mammography Prostate cancer screening	Included in the PCP or Specialist office visit copay	Deductible & Coinsurance
Well-Child Care (to age 19 including immunizations)	100%	Deductible & Coinsurance
Prenatal & Postnatal Care (in physician's office)	100%	Deductible & Coinsurance
Second Medical & Surgical Opinion	$15 copay per visit	Deductible & Coinsurance
Mental Health, Alcohol & Substance Abuse Care**	**Participating Provider**	**Non-Participating**
Mental Health Care Inpatient care**	30 days per calendar year 100%	Deductible & Coinsurance
Outpatient care	$15 copay per visit	50% after deductible
Alcohol & Substance Abuse Care Inpatient detoxification**	100%	Deductible & Coinsurance
Inpatient rehabilitation treatment	Not covered	Not Covered
Outpatient rehabilitation treatment	$15 copay per visit	Deductible & Coinsurance
Special Kinds of Care	**Participating Provider**	**Non-Participating**
Emergency & Urgent care Ambulance service to the hospital	Covered in full	Deductible & Coinsurance
In urgent care facility	$15 copay per visit	Deductible & Coinsurance
In physician's office	$15 copay per visit	Deductible & Coinsurance
Home Health Care*	200 visits per calendar year $15 copay per visit	Not Covered
Hospice Care*	210 days, lifetime maximum – 100%	Not Covered
Skilled Nursing Care*	Unlimited 100%	Not Covered
Diabetes Equipment, Supplies & Education	$25 copay	Deductible & Coinsurance
Outpatient Physicial, Speech, Occupational & Respiratory Therapy	90 days per calendar year $15 copay per visit	Deductible & Coinsurance
Infertility Diagnosis & Treatment	$15 copay	Deductible & Coinsurance
Durable Medical Equipment*	100%	Not Covered
Private Duty Nursing	Not covered	Not Covered
Hearing Aids	Not Covered	Not Covered

Prescription Drugs – InformedRx	**Participating Pharmacy**
Retail – up to 30 days Generic incentive program applied, see notes Generic ***Preferred Brand ***Non-Preferred Brand Mail Order – up to 90 days Generic/Preferred Brand/Non-Preferred Brand	 $10 copay $30 copay $50 copay $10/$60/$100